

Mail to: Division of Compliance Assistance Operator Certification Program 300 Fair Oaks Lane Frankfort, KY 40601	Commonwealth of Kentucky Department for Environmental Protection Application for Operator Certification <i>Drinking Water Treatment, Drinking Water Distribution and Wastewater Treatment</i> Telephone: 800-926-8111 www.dca.ky.gov/certification	<i>For Official Use Only. Do not write in this space.</i>
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APPLICANT INFORMATION			
Name (First)	(Middle Initial)	(Last)	Agency Interest Number (As shown on wallet card)
Address (Number and Street)	City	State	Zip Code
E-Mail Address	Home Phone Number ()	Business Phone Number ()	

CERTIFICATION REQUESTED			
Surface Water Treatment	Ground Water Treatment	Water Distribution	Wastewater Treatment
<input type="checkbox"/> I-AD <input type="checkbox"/> II-A <input type="checkbox"/> III-A <input type="checkbox"/> IV-A	<input type="checkbox"/> I-BD <input type="checkbox"/> II-BD <input type="checkbox"/> III-B <input type="checkbox"/> IV-B	<input type="checkbox"/> I-D <input type="checkbox"/> II-D <input type="checkbox"/> III-D <input type="checkbox"/> IV-D	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
Check any that apply: <input type="checkbox"/> First test at this level <input type="checkbox"/> Retest: Date of last test _____ Do you need study material? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reciprocity (No test required)			

CURRENT CERTIFICATIONS					
List all current water and/or wastewater certifications.					
State Where Certified	Certification Type	Certificate Number	Certificate Level	Expiration Date	Design Capacity or Daily Flow of Facility

FACILITY INFORMATION			
List all facilities where you work as on operator. Attach additional sheets as necessary.			
Facility Name	County	Facility Agency Interest Number	Phone Number

As a certified operator, have you ever been the subject of a disciplinary action? (Probation, suspension or license revocation)

☐ No ☐ Yes If yes, please explain and identify the year and the state agency that implemented the action.

The Kentucky Environmental and Public Protection Cabinet does not discriminate on the basis of race, color, national origin, sex, age, religion, or disability and provides, on request, reasonable accommodations including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs, and activities. To request materials in an alternative format, contact the Division of Compliance Assistance, Operator Certification Program, 300 Fair Oaks Lane, Frankfort, Kentucky 40601 or call (502) 564-0323 or (800) 926-8111.



Amount Paid: _____

Check Number: _____
 Do not write in this space.

EDUCATION AND TRAINING

Circle the highest grade completed and fill in the appropriate blanks.

High School or GED 9 10 11 12	School Name	
College - Undergraduate	School Name	Degree and Major
College - Graduate	School Name	Degree and Program
Other training applicable to the certification requested. Provide the course name and content. Attach documentation of completion and credit hours earned.		
Course Name	Content	
Course Name	Content	
A COPY OF OFFICIAL EDUCATION TRANSCRIPTS OR RECORDS VERIFYING EDUCATION MUST ACCOMPANY THIS APPLICATION. (i.e. GED certificate, high school diploma, college transcripts or diploma)		

WORK EXPERIENCEList your current position first. List all the duties associated with each position, but be specific regarding your drinking water and/or wastewater operational duties. If your duties are split between several areas of responsibility, indicate the percentage of time spent working in each area. (Attach additional sheets if you need to list additional experience.)

Facility Name	Job Title	KPDES or PWSID Number
Facility Address	Dates of Employment Month_____ Year_____ to Month_____ Year_____	
Supervisor Name	Phone Number ()	
Detailed description of duties: _____ _____ _____		
Facility Name	Job Title	KPDES or PWSID Number
Facility Address	Dates of Employment Month_____ Year_____ to Month_____ Year_____	
Supervisor Name	Phone Number ()	
Detailed description of duties: _____ _____ _____		

INFORMATION VERIFICATION

This information must be completed by your direct supervisor and contain an original signature.

I certify that, to the best of my knowledge, the data contained herein reflects the applicant's job duties and employment history with the facility referenced below. I understand that submission of false information can result in certificate revocation and penalties as defined in KRS 223.991 and/or KRS 224.99-010.

Print Supervisor's Name	Supervisor's Signature	Date
Facility	Title	Daytime Telephone Number
<i>I certify that, to the best of my knowledge, the data contained herein is complete and correct. I understand that submission of false information can result in certificate revocation and penalties as defined in KRS 223.991 and/or KRS 224.99-010.</i>		
Print Applicant's Name	Applicant's Signature	Date